MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009659

No. 100 No. 10	DO NOT WRITE AMENDED	Registration District No. Registrat's No. STATE FILE NUMBER
Rev. 4/59	ON THIS STUB	
A HOSPITAL ON IN NOT MADE IN THE STATE IN TH	vs 300 🚊 📜	STATE 5 COUNTY 0 0 desiration
A HOSPITAL ON IN NOT MADE IN THE STATE IN TH	Rev. 4/59 🚊 1 전	h, CITY (If outside corporate limits, give TOWNSHIP only) 1 enoth of stay in 1h ii c. CITY
A HOSPITAL ON IN NOT MADE IN THE STATE IN TH		TOWN St. Louis Young House: Spring Mo Yes No D
3 MAME OF DECEMBER First Middle Last Dahm Day Year		E. FULL NAME OF (IT NOT IT HOSPITAL, GIVE IOCATION) INSIDE LIMITS G. SIKECI (IT CUTSIDE, GIVE IOCATION) KESIGE ON FARM
S. SEX OCORON RACE White Work done 7. Merried 10. DATE OF BIRTH 9. AGE (last birthday) 11. UNDER 1 YEAR TUNDER 22 IN Months 12. CITIZEN OF WHAT COUNTRY 11. DATE 12. CITIZEN OF WHAT COUNTRY 13. MOTHER'S MADDEN NAME 14. NAME OF HUSBAND OR WIFE 13. MOTHER'S MADDEN NAME 14. NAME OF HUSBAND OR WIFE 15. MAS DICTASED NYER IN U.S. ASMED FOR 13. MOTHER'S MADDEN NAME 14. NAME OF HUSBAND OR WIFE 14. NAME OF HUSBAND OR WIFE 14. NAME OF HUSBAND OR WIFE 15. MAS DICTASED NYER IN U.S. ASMED FOR 15. MAS DICTASED NYER IN U.S. ASSET AS DICTASE	2050048	INSTITUTION Alexian Bros Hospital Y# No Rt # 1 Box 493 Yes Ny
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S. SEX Male Mile Mile Month Day More Month Day D	 	Oscar Wokurka DEATH Feb 27 1963
TO SULVAYORD WAY NOTE: The Control of the Control	<u> </u>	Withough Diverged D
Conditions, if any, and place the deceased from Due to (c) Due t	5 /	Male White """ 1/2/05 68
13. FAITHER TABLE 13b. MOTHER MANDEN NAME 14. NAME OF RUSSAND OR WIFE 15b. MOTHER MANDEN NAME 17. NAME OF RUSSAND OR WIFE 15b. MOTHER MANDEN NAME 17. NAME OF RUSSAND OR WIFE 17. NAME OF RUSSAND OR WIF	6 2 6	during most of working life, even if retired)
Wencel Wokurks 15. WAS DECRASE EVER IN U.S. ARMED FOR 10. 00 0 11. 00 0 12. 00 0 12. 00 0 13. CAUSE OF DEATH (Enter only one cause per line for (b), (b), and (c). 14. 00 0 15. CAUSE OF DEATH (Enter only one cause per line for (b), (b), and (c). 16. CAUSE OF DEATH (Enter only one cause per line for (b), (b), and (c). 17. INFORMANT Anna Wokurka Rt #1 Box 193 Mo INFERVAL BETWEEN AS CAUSED BY: INFORMANT INFORMANT Anna Wokurka Rt #1 Box 193 Mo INFERVAL BETWEEN AS CAUSED BY: INFORMANT INFORMANT INFORMANT Anna Wokurka Rt #1 Box 193 Mo INFERVAL BETWEEN AS CAUSED BY: INFORMANT INFORMANT INFORMANT Anna Wokurka Rt #1 Box 193 Mo INFERVAL BETWEEN AS CAUSED BY: INFORMANT INFORMANT INFORMANT Anna Wokurka Rt #1 Box 193 Mo INFERVAL BETWEEN AS CAUSED BY: INFORMANT INFORMANT INFORMANT Anna Wokurka Rt #1 Box 193 Mo INFERVAL BETWEEN AS CAUSED BY: INFORMANT INFORMANT INFORMANT Anna Wokurka Rt #1 Box 193 Mo INFERVAL BETWEEN AS CAUSED INFORMANT INFORMANT INFORMANT INFORMANT INFORMANT Anna Wokurka Rt #1 Box 193 Mo INFERVAL BETWEEN AS CAUSED INFORMANT INFORMAN		Lithographer Lithographing St Louis Missouri U S
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10 24 25 25 25 25 25 25 25		
IMMEDIATE CAUSE (a) 12	&	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH
TO SET THE STATE OF THE STATE O		MAMERIATE CAUSE (a) Altrille Cardence Failure 3-4horn
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TO STATE STATE		which gave rise to above cause (a),
STATE	13 = = = = = = = = = = = = = = = = = = =	lying cause last, j DUE IO (c)
20c. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, 20f. CUY, Tawn, Or Location County State farm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CUY, Tawn, Or Location County State farm, factory, street, office bidg., etc.) 21. i ettended the deceased from 2 10 (3 , to 27 (6 3 and lest saw him slive on 2) (Degree or title) 22e. SIGNATURE (Degree or title) 22e. DATE SIGNED	5000	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female we disease condition given in PART I (a)
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Death occurred at		
20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 21. I attended the deceased from		O INJURY e.m. p.m.
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236. Burial Cremation, 23b. Date 23c. Name of Cemetery or Crematory 23d. Location (City, town, of county)		Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.
236. Burial Cremation, 23b. Date 23c. Name of Cemetery or Crematory 23d. Location (City, town, of county)		22a. SIGNATURE) (Degree or title) 22b_ADDRESS 22c. DATE SIGNE
236. Burial Cremation, 23b. Date 23c. Name of Cemetery or Crematory 23d. Location (City, town, of county)		
		PRMOVAL (Soletiv)
24. FUNERAL DIRECTOR ADDRESS , 25. DATE RECU. BY LOCAL REG. 25. DATE RECU.	' ; 14111	Burial 3/2/63 St Matthews Cometery St Louis Missouri
E Nie Movdell Funenel Home 1926 Allen MAR 2 1963	TEM TEM	MAD O MOON POAR ANNUAL.

STATEMENT BY LICENSED EMBALMER

1 hereby certify that the body wh	ose name is recorded on the	reverse side of this certificate was embalmed by me
or by		, Student Embalmer No
working under my personal supervision.	Signed	Hadlei RXxelle In
Signature of Student Embalme		Licensed Embalmer No. 4950
Variation N	a 1	P. O. Address St Lewis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above_constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.